State of Michigan OFFICE OF DRUG CONTROL POLICY FY 2003-2004 FINAL REPORT

H.R.1, No Child Left Behind Act of 2001
Title IV, Part A: Safe and Drug-Free Schools and Communities Act (Public Law 107-110)
http://www.michigan.gov/odep

Reporting period: July 1, 2003 to June 30, 2004

LEA (Local Educational Agency) or Consortium Name	District Code Number
Address	City/State/Zip
Year-End Report Contact Person and Title	Phone Number
E-Mail Address	Fax Number
<u>INTRODUCTION:</u> The Safe and Drug-Free Schools & Communitio contains the information needed to meet the Federal and State reporting drug and violence prevention services provided during the 2003-2004 Questions concerning this report may be directed to your Office of Drug	g requirements. Questions refer to Title IV, Part A school year.
Beginning this year, the Final Report must be submitted online usin accepted.	•
(Note	MBER OF DISTRICTS REPORTING DATA: e: If an LEA report enter "1" and onsortium, enter "total number" of districts.)
G LEA (District) Report	
G Consortium Report	
CATEGORY:	
If an LEA, enter "1" for each category that is applicable. If a consortifunded services:	ium, enter total LEAs providing the following
Alcohol, tobacco, and other drug prevention? V	iolence prevention?

DEADLINE FOR SUBMISSION: Friday, August 27, 2004

OFFICE OF DRUG CONTROL POLICY
Department of Community Health
Education Section
Lewis Cass Building, Fifth Floor
320 S. Walnut St., Lansing, MI 48913

1. Advisory Council

	a.	Indicate the number of times and dates the applicant advisory council met during the past year. Number:			
		Dates:			
	b.	List the activities that the applicant=s advisory council has been involved in during the reporting period, and what are their accomplishments.			
	c.	Were all stakeholders represented on the Council? If not, why?			
2.	Non-Public School Participation				
	a.	Number of eligible Non-Public Schools ———			
	b.	Number of participating Non-Public Schools			
	c.	Summarize your efforts to involve all eligible non-public school children in Title IV, Part A services.			
3.	Im	plementation: Process Evaluation			
	a.	Were all programs and activities listed in the 2003-2004 Title IV, Part A application implemented with the quality and accuracy intended by the program developers? If not please explain.			
	b.	Were facilitators adequately trained to conduct the program or provide the strategy/service? If not please explain.			
	c.	Were there any obstacles/challenges? If so, what steps were taken to remedy these problems.			
	d.	What were the reactions of the students, staff and administrators to the program?			
	e.	What changes occurred in leadership or personnel? What effect did these changes have?			
4.	Co	mmunity & Parental Involvement			
	De	scribe how parents and community groups were involved in Title IV, Part A programs and activities.			
5.	Pro	ogress Towards Goals: Outcome evaluation			
		List <u>each</u> approved outcome goal submitted in the 2003-2004 SDFSCA application. Answer the following for <u>each</u> goal.			
	a.	Specify the following for <u>this</u> outcome goal: 1. Sample Size(s): 2. Age or Grade Level: 3. Type of Measurement (i.e. pre/post test):			
	b.	List the program(s) implemented for this goal. Will the program(s) be continued?			
	C	Were the outcome data collected on schedule? If not provide the reason(s) and a plan to collect the data			

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d.	Were the outcomes in the expected direction?					
e.	Did the outcomes meet or exceed the outcome goal? If not, please describe.					
f.	Were there unintended positive or negative outcomes? If yes, please explain .					
g.	Is/Are the program(s) recognized by USDOE or some other federal agency as effective (e.g. promising or exemplary)?					
h.	. Were there examples of student changes in attitudes/behaviors that seem directly related to the program? If yes, explain.					
i.	Did the local evaluation design utilize a comparison group or control group?					
Students & Parents Served Total number of students served with SDFSCA funds at each level:						
Ele	ementary School Middle School/Junior High High School					
Total number of parents served with SDFSCA funds:						
Pro	ogress Summary					
Upload a TWO TO THREE page summary of your funded Title IV, Part A programs(s). Include in the uploaded file:						
a.	. Summary and Analysis of all quantitative and, if available, qualitative outcome data for <u>each</u> approved outcome goal. This should <u>include</u> statistical data for each outcome goal.					

CERTIFICATION: I certify that the information submitted in this 2003-2004 Year-End Report for funding received under the H.R.1, No Child Left Behind Act of 2001, Title IV-21st Century School, Part A: Safe & Drug-Free Schools & Communities Act, is true and correct to the best of my knowledge and it has been discussed with our SDFSCA Advisory Committee.

b. Results of evaluation and how it will be used to refine, improve, and strengthen the program(s).

	Signature	Name (please print)	Date
Superintendent			
Coordinator			

6.

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